



State Form  
52038  
R3/6-06

Indiana Department of Revenue  
**BC-100**  
**Indiana Business Closure Request**

TID Number: \_\_\_\_\_ FID Number: \_\_\_\_\_

Tax Type: ☐ Sales ☐ Withholding ☐ FAB ☐ Other \_\_\_\_\_  
(Please List)

Owner Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

I certify that I have been out of business or no longer required to be registered for the indicated tax type:

_____	_____	_____	_____	_____	_____
Type	Date	Type	Date	Type	Date

I further certify no sales, withholding, or other tax has been collected since the above date.

I may also be responsible for all liabilities or unfilled returns proven to be due and owed at a later date.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**The Department will neither accept, nor process a BC-100 without proper documentation, attached to this form, proving the business is closed. Examples of documents the Department will consider acceptable include the following:**

- Minutes of the final board of directors meeting.
- Records of bank accounts closed.
- Articles of dissolution.
- Notarized statement of dissolution from an officer of the business.
- Final utility bills.
- Any proof of dissolution filed with the Internal Revenue Service.
- Books and records or any other pertinent information.

**Note:** This agency is requesting this disclosure of your social security number in accordance with IC 4-1-8-1.

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at (317) 615-2700.

Mail the completed form  
with documentation to:  
Indiana Department of Revenue  
System Services  
P.O. Box 6197  
Indianapolis, IN 46206-6197

Fax the completed form  
with documentation to: (317) 615-2697